U.S. Department of Labor Office of Labor Management Standards Wasilington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - Landing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Kurt E Dierkes	Name Cement Masons Union Local #527
	Labor Organization File Number 011-759
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2121 Longview Drive	Street 3341 Hollenberg Drive
City Arnold	City Bridgeton
State Missouri ZIP Code + 4 63010	State Missouri ZIP Code + 4 63044
5. Position in labor organization. Financial Secretary	
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N / A	N / A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	\$0
State ZIP Code + 4. 19-22	parties to the property of the second control of the second contro
ji ve ji je a ki odgod na go je kati od o kati koja na kila podavenoje ki kila na podaveni. El 1909. goda pasave i i doski past katalikoja na kila <mark>Signature</mark> , garak noje ki kogi <sup>a</sup> da pojnocek gad initi od kin i	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Sand Deerkes	On 7/19/05 314-739-1129
	Date Telephone Number

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Name of Person Filing Kurt Dierkes		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name N / A  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name N / A  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	N / A		
Street	11.b. Approximate dollar vali	ue of such dealing.	\$0
City	12.a. Nature of interest hel	Sanstananianian	**************************************
State Transference and Control of the Control of th	N / A		
	12.b. Amount.	900000000000000000000000000000000000000	\$0
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Group Health Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 400  Street 111 Corporate Office Drive  City Earth City  State Missouri ZIP Code + 4 63045	or other thing of value.  14.a. Nature of payment.  9/2/2004	couis Cardinal Baseball	Tickets
13.b. Is the Business an Employer X or Consultant ?	, and a second of paymont		\$196

Name of Person Filing Kurt Dierkes	File Number <b>U-</b>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name SEI Investments	4/19/2004	
Trade Name, if any:	Golf - Greens Fees, Food and Apparel	- Constitution of the Cons
P.O. Box, Bldg., Room No., if any		And wood cannot be special
Street One Freedom Valley Drive		
City Oaks		Service Servic
State Pennsylvania ZIP Code + 4 19456		wewswinds
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	3175
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name Health Link Inc.	8/4/2004	
Trade Name, if any:	2 Diamond Box St.Louis Cardinal Baseball Ticke	ts
P.O. Box, Bldg., Room No., if any		
Street 12443 Olive Boulevard		pano di mara di Marana di
City St. Louis		
State Missouri ZIP Code + 4 63141		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	250
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	A7040,0 10040,0 100
Name Vision Service Plan	9/14/2004	de l'apparécement de plan
Trade Name, if any:	2 Party Room St.Louis Cardinal Baseball Ticket	S
P.O. Box, Bldg., Room No., if any Suite 800		***************************************
Street 231 South Bemiston Avenue		
City St.Louis		Manage of the second
State Missouri ZIP Code + 4 63105		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	170

Name of Person Filing Kurt Dierkes	File Number U-
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## Part C Continuation Page

C. <b>Received from any employer</b> (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name The Commerce Trust Company	4/28/2004
Trade Name, if any:	2 Club Room St.Louis Cardinal Baseball Tickets, Food and Plaque
P.O. Box, Bldg., Room No., if any	
Street 8000 Forsyth Boulevard	
City St. Louis	
State Missouri ZIP Code + 4 63105	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$217
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City I	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street (	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.